Questions to Frequently Ask Worksheet



Customer Name:		Today's Date:	
Site Address	City	State	ZIP
When and how did your o	current condition commence	?	
	ent of your current condition your daily lifestyle even mo		e-existing
Can you describe any/all	difficulties you have ambula	iting?	
What activities/actions coperform:	ould you previously perform	independently that yo	u are unable to
At the present time?			
1 year ago?			
2 years ago?			

Questions to Frequently Ask Worksheet



What activities/actions do you require assistance from others to perform and for how long have you required such assistance?

In an emergency situation, are you able to get out of your home inde would it take you to evacuate?	pendently and how long
What makes your daily life activities difficult to manage?	

What, if anything, would make your daily life better and easier to manage?